

Instructions for Completing Proposed Budget

Contract Budget Summary

This contract uses a cost reimbursement payment methodology. HHSC is not obligated to pay unauthorized costs or to pay more than the Contract allowable and actual incurred costs. These costs must be in compliance with the appropriate regulations. Soley State funded contracts follow Grant Management Standards (UGMS).

The budget summary reflects expenses are for direct client services and expenses are for direct client administration expenses.

The form is designed to maintain the original Approved Budget and monthly invoices for the HHSC contract. All of the expenditure information Summary will be carried forward (pre-populated) from the contractor's Proposed Budget. The only information the contractor needs to provide is to list the name and title of the individual who is authorized to certify this contract's budget. Please include the date that this budget was certified.

Reimbursable expenses will be charged to HHSC in the month that the cost hits the contractor general ledger. For example, mileage was reimbursed in October (and hits the contractor's October general ledger) for September travel- then the expense would be considered an October expense. More information is available on the tab, "Instructions- Billing Invoice".

The Proposed Budget is composed of the following seven budget categories:

1. Personnel- Salaries
2. Personnel- Fringe Benefits (per Employee or by Type of Benefit)
3. Travel
4. Supplies and Controlled Assets
5. Capital Equipment (expense exceeding \$5,000)
6. Other
7. Contractual (subcontractors)

These instructions will explain how to submit the contractor Budget Proposal.

Proposed Budget

Many of the cells have formulas which are protected and must not be altered.

In column D, enter the methodology for the contractor's allowable budget line items. The contractor's methodology should provide a level of detail that allow the HHSC staff to approve the amount of funds being requested on a line by line basis. In many instances, it will be more efficient to provide details and eliminate assumptions.

Enter the name of the contractor in D3. The contract is funded with blended funding, State General Revenue and TANF funds. HHSC will provide amount of each type of funding with the contract. Please identify the individual in the contractor organization that is preparing and approving the budget.

Once finalized, this tab will be renamed the "Approved" Budget. At that point, the Summary will be added to this year's contract as an Exhibit.

The following sections will explain how to provide budget information for the individual Budget Categories:

PERSONNEL SALARIES

In column B, list the titles for *each* individual staff person directly working on this contract.

In column H, list the Annual Salary for each individual.

In column I, list whether the individual is full-time (1.0) or part-time (0.5 or 0.75 or ...).

In column J, list the amount of percentage of time this individual will be allocated to HHSC Contract. For example, list the individual at 100%.

In column K, list the number of months each individual will work on this contract during this contract year.

In column C, this total will represent the Reimbursable funds needed to work on this contract during the contract period.

Entries in Column B (cells B-12 to B61) are copied to Fringe by employee column B (cells B64 to 123) and Billing Invoice column B (cells B64 to 123).

Total in column C, cell C62 is carried forward to Budget summary document.
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FRINGE by EMPLOYEE

<i>complete either the Fringe by Employee section or the Fringe by Type of Benefit section - do not complete both</i>
The positions listed in the Salaries section will auto populate in Column B (cells B65 to B123). The FTE Allocations from the Salaries section auto populate.
Enter the fringe benefit percentage (cells L65 to L123) that will each individual working on this contract will be budgeted to receive. Different can have different budgeted percentages.
The total fringe per employee will be calculated in column H.
The total fringe per employee that is Reimbursable will be calculated in column C. This calculation is based on the Total Fringe per Employee and the percent of time allocated to the contract (column J).
Entries in Column B are copied to Billing Invoice (cells B64 to B123). Total in column C, cell C125 is carried forward to the Budget Summary

FRINGE by TYPE of BENEFIT

<i>complete either the Fringe by Employee section or the Fringe by Type of Benefit section - but do not complete both</i>
<i>If all staff are not included in the calculations, specify to whom the benefits applies to or does not apply</i>
<i>The following definitions and formulas may be helpful:</i>
Social Security is the Federal Insurance Contributions Act (FICA) and is the total of the FICA rate x the participating staffs' salaries.
Texas Unemployment Compensation Act (TUCA) is the total of the rate assigned by TWC x the participating staffs' salaries.
Retirement is the rate (dependent on the type of plan) x the participating staffs' salaries.
Health Insurance costs are also dependent on the (various) plans' benefits x the participating staffs' salaries.
Worker's Compensation is purchased through private insurance firms that determine the appropriate employment classification and rate
In column H, enter the budget needed for each individual type of benefit.
In column I, enter the percentage of time allocated staff are allocated to directly work on the HHSC contract during the contract period.
Entries in column B are copied to Billing Invoice (cells 129 to 141)
Total in column C, cell 142 are carried forward to the Budget Summary document.

TRAVEL

<i>The following definitions and formulas may be helpful:</i>
<i>Meals, Lodging, Mileage Reimbursements and Transportation costs can be budgeted on a flat per diem basis or a cost-incurred basis (contract terms and conditions). The contractor may use either method- but must use the same methodology consistently to compute all contractor should specify the methodology in column D).</i>
<i>If the contractor chooses the per diem methodology, the contractor's expenses may not exceed the per diem and mileage rate established on the HHSC contract. The contractor's subcontractors are also subject to these rates and limitations.</i>
<i>If the contractor chooses the cost-incurred methodology, receipts documenting the expense must be maintained to substantiate the reimbursement.</i>
<i>Items normally included in the methodology column would be positions authorized to travel, number of miles/units and mileage rate, and purpose (client visit, training class, conference...)</i>
In column C, enter the amounts that will be needed for Reimbursable mileage, airfare, meals, lodging and miscellaneous.
Please ensure that the methodology (column D and column F) will provide an adequate explanation for the expenses being budgeted.
Entries in column B are copied to Billing Invoice(cells B146 to 149)
Total in column C150 is carried forward to Budget Summary Document

SUPPLIES and CONTROLLED ASSETS

In column B, there are 3 supply types listed and 10 rows where the contractor keep create budgets for various supply needs.

Controlled Assets are items of real or personal property with an estimated life of greater than one year, but an acquisition cost of less than \$500. Items are considered high risk and have a high potential for loss; therefore, controlled assets must be maintained a contractor's inventory system accordingly based on specific acquisition costs. Contractors should review the Comptroller's State Property Accounting User Manual for the more information regarding controlled assets.

Please ensure that the methodology (column D and column F) will provide an adequate explanation for the expenses being budgeted.

For example, Office Supplies methodology could state "\$75 (based on last year's expenditures) x 10 FTEs = \$75.

For example, Controlled Asset- Camera methodology could state (2) Cannon Digital Rebel Xti cameras x \$800 = \$1600.

For example, Controlled Asset- Computers- could include the purchase of laptops, tablets, iPads, desktops...

In column C, enter the amounts that will be needed for Reimbursable supplies

Entries in column B (cells B153 to B162) will be carried forward to the monthly invoice cells B168 to B170

Total supplies in C163 is copied to the Summary Budget tab.

CAPITAL EQUIPMENT

In column B, list any equipment that meets or exceeds the capitalization threshold (\$5,000). The tangible personal property must have a useful life of more than one year.

Non-capitalized equipment will be budgeted in the "Supplies and Controlled Assets" budget category.

Leased equipment that is not capitalized will be budgeted in the "Other" budget category.

In column C, enter the amounts that will be needed for Capital Equipment (leases)

Entries in column B (cells B166 to B167) will be carried forward to the monthly invoice cells B155 to B164

Total capital equipment in C169 is copied to the Summary Budget tab.

OTHER

Do not list any Indirect Costs here.

Items listed in the "Other" budget category include items that do not fit under any other cost categories. These items could include federal back checks, cell phone expenses, internet charges, space rental, leased items, professional dues, conference registration fee, accounting software and maintenance fees, software for new computers...

In column B, there are 15 lines available to list a budget for allowable expenses that does not fit in any of the previous budget categories.

In column C, enter the amounts that will be needed for Reimbursable Other expenses.

Please ensure that the methodology (column D and column F) will provide an adequate explanation for the expenses being budgeted.

Entries in column B (cells B172 to B204) will be carried forward to the monthly invoice cells B174 to B207

Total Other in C205 is copied to the Summary Budget tab.

Subcontractors Direct Client Services

In column B cells 211 to 351 enter the name, address, phone # primary point of contact, email and phone #

In column C cells 211 to 351 enter the amount of the contract

In column D cells 211 to 351 enter the alpha character to the type of service provided. The list of alpha characters and services can be found in Row 210 cells H-N.

In columns H through N place an X in the cell reflecting the type of service the contractor will provide

Entries in column B (cells 211 to 351) will be carried forward to monthly invoice cells column B (cells 213 to 353)

Total in cell B352 is copied to the Summary Budget tab



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Contractor : **USFC Limited** **716C and 716D**

WHSC Division Health, Developmental and Independence Ser

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TRAVEL	MISC Contract Budget	Methodology for Contract Budget Narrative
Flight	1,004.00	<p>Flight and hotel expenses are anticipated during the course of the project. The contract budget for the flight and hotel expenses is \$1,004.00. The contract budget for the flight and hotel expenses is \$1,004.00. The contract budget for the flight and hotel expenses is \$1,004.00.</p>
Auto		<p>Auto expenses are anticipated during the course of the project. The contract budget for the auto expenses is \$0.00. The contract budget for the auto expenses is \$0.00. The contract budget for the auto expenses is \$0.00.</p>
Hotel	720.00	<p>Hotel expenses are anticipated during the course of the project. The contract budget for the hotel expenses is \$720.00. The contract budget for the hotel expenses is \$720.00. The contract budget for the hotel expenses is \$720.00.</p>
Shipping		<p>Shipping expenses are anticipated during the course of the project. The contract budget for the shipping expenses is \$0.00. The contract budget for the shipping expenses is \$0.00. The contract budget for the shipping expenses is \$0.00.</p>
Telecommunications	1,394.00	<p>Telecommunications expenses are anticipated during the course of the project. The contract budget for the telecommunications expenses is \$1,394.00. The contract budget for the telecommunications expenses is \$1,394.00. The contract budget for the telecommunications expenses is \$1,394.00.</p>
Total	4,638.00	

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	Total	\$ 8,400.00	
CAPITAL EQUIPMENT (greater than \$5K)	WISC Contract Budget		Methodology for Contract Budget Narrative
		-	
		-	
		-	
	Total	\$ -	

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Total	\$185,520.00
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Budget for Alternatives to Abortion	
SUMMARY	Contractor :
	Contract #
	Contract Period : 6/1/18 to 8/31/18
	HHSC Speed Chart 716C and 716D
	HHSC Division Health, Developmental and Independence Services
	Original Approved
Cost Categories	(A.)
	Direct Client Services
(1A) Personnel - Salaries	\$242,740.00
(1B) Personnel - Fringe Benefits - by Employee	\$0.00
(1C) Personnel - Fringe Benefits - by Type	\$132,646.00
(2) Travel	\$8,438.00
(3) Supplies and Controlled Assets	\$8,600.00
(4) Capital Equipment (greater than \$5K)	\$0.00
(5) Other Costs	\$185,520.00
(6) Contractual	\$5,201,496.00
Direct Client Admin	\$577,944.00
TOTAL	\$5,779,440.00

Certified By :	
Name :	
Title:	
Date :	

Instructions for Submitting the Billing Invoice and Budget Adjustments

The format has been designed to help HHSC efficiently and effectively track monthly expenditures, expenditure projections and budget transfers.

HHSC is not obligated to pay unauthorized costs or to pay more than the Contractor's allowable and actual incurred costs. These costs must be in compliance with the appropriate regulations. State funded contracts follow the Uniform Grant Management Standards (UGMS). The workbook is designed to maintain each fiscal year's Approved Budget and to track monthly expenditures for the HHSC contract.

Expenses will be reflected in the month that the cost hits the contractor's general ledger.

For example, if mileage was reimbursed to an employee in December (and hits the contractor's December general ledger) for travel- then the expense would be included on the contractor's December Billing Invoice. The contractor would be reimbursed for that expense that has hit their general ledger.

For another example, if the contractor bought a desk in October for \$500 and entered that accrual in the October general ledger, the expense would be included on the contractor's October Billing Invoice. If the desk was ordered in September, the contractor should submit a Supplemental Invoice for the September Billing Invoice- it would be charged on the contractor's October Billing Invoice that is when the transaction hit their general ledger.

Expenditure Tracking - Completing and Submitting the Billing Invoice

In general, only enter amounts in the appropriate category. Certain cells are protected- because the data is either a formula or carried forward from another cell.

Columns M through Q represent the months of April to August. These months correspond with the contract beginning and end dates.

Make sure to change the number in cell C9 each month. This number is used in the formula that calculates the Project Year-End Expenditures which is used to calculate the Projected Lapse (Column L).

Enter the expenditures posted to the contractor's general ledger in the corresponding month. By entering the expenditure in the month that the expense was posted to the general ledger, it should reduce or eliminate the need to submit Supplemental Invoices (see below for Supplemental Invoice instructions).

When entering expenses under the appropriate month, pay attention to any expenditure charged to line items where no funds were budgeted. In these instances, the Current Contract Balance (Column K) will be a negative number. These expenditures will require a Budget Transfer (see below for Budget Transfer instructions).

When entering expenses under the appropriate month, pay attention to any expenditure charged to line items where the Current Contract Balance (Column K) is a positive number but the Projected Lapse (Column L) is a negative number. This means there are still funds available, but if expenditures remain consistent through the end of the fiscal year, the line item's expenditures will exceed the budget. These expenditures will require a Budget Transfer (see below for Budget Transfer instructions).

On the contrary, when entering expenses under the appropriate month, pay attention to any expenditure charged to line items where the Projected Lapse (Column L) is a large positive number. This means that if expenditures remain consistent through the end of the fiscal year, a large portion of the budget will go unspent. In this scenario, a large amount of these funds could be better appropriated (and spent) in a different budget category. These expenditures will require a Budget Transfer (see below for Budget Transfer instructions).

Before submitting the workbook, always verify that the reimbursement amounts tie to the General Ledger.

Sub recipient subcontracts Enter the month and letter of the type of service in Row V (cells 215 to 354). Types of services are listed in Row 213.

BUDGET ADJUSTMENTS

The contractor should communicate the budget transfers less than 10% when the monthly invoice workbook is submitted to HHSC. Budget transfers greater than 10% must be approved by HHSC in writing prior to the submission of the workbook. The email can explain the request or simply refer to the Budget Transfer Details tab.

The contractor should request all budget adjustments by utilizing the Budget Transfer Details tab.

As stated above, pay attention to any expenditure charged to line items where no funds were budgeted. In these instances, the Contract Balance (Column K) will be a negative number. Also pay attention to any expenditure charged to line items where the Contract Balance (Column L) is a positive number, but the Projected Lapse (Column L) is a negative number. This means the funds available, but if expenditures remain consistent through the end of the fiscal year, the line item's expenditures will exceed budget.

Funds may be transferred from the Salaries category- but cannot be transferred to the Salaries category. Any staff raises should be planned and submitted in the originally approved budget.

When requesting a budget transfer, please consider programmatic implications of the requested changes and assure that there are no adverse effects due to the change.

In the Transfer FROM columns, enter the budget category and budget line item that the amount will transfer from.

In the Transfer TO columns, enter the budget category and budget line item that the amount will transfer to.

It is ok to have several lines reduced and one budget line increased (and vice versa)- as long as the total amount transferred from the total amount transferred to. The amount in cell F26 should be the same as the amount in cell I26.

In Column J, enter the reason for this request. For example, "will not be using all of the travel funds before the end of the fiscal year. We would like to purchase additional program educational materials to give to the families during the home visits".

Cell F27 and I27 will calculate the Year To Date Budget Transfers %. This will identify whether the contractor's fund shifts have exceeded 10% of the total contract budget. Budget Transfers that exceed 10% of the total reimbursable contract budget will require a Contract Amendment.

In the Billing Invoice tab, the budget request should be submitted in Column D.

Enter a positive amount on the line item where the funds will need to be transferred to.

Enter a negative amount on the line item where the funds will need to be transferred from.

If the cell in Column D has been involved in a prior line item budget, use a formula to indicate the current budget transfer request. For example, if Office Supplies was already reduced by \$1,000 and the contractor was requesting another decrease of \$500, then in Cell D123 would be adjusted to show "=-1000-500". This formula will help the contractor and the Contract Manager to reconcile multiple requests for the same budget line item. These multiple requests would also reconcile to the individual budget line item on the Budget Transfer Details tab.

Cell D180 of the Billing Invoice tab should equal zero. This will indicate that budget line items were increased and decreased by the contractor.

The Contract Manager will unlock the spreadsheet and enter the budget transfer amounts in the appropriate budget line items. The Contract Manager will lock the spreadsheet and send the workbook back to the contractor to be used in the ensuing months of the year.

Cell E180 of the Billing Invoice tab should equal zero. This will indicate that budget line items were increased and decreased by the Contract Manager.

If a contractor needs to add a new budget line item, the budget transfer request process should be followed.

The contractor should enter the Budget Category and new Budget Line Item and funds needed- in the Transfer TO columns.

The contractor should enter the Budget Category and Budget Line Item and funds to be decreased- in the Transfer FROM columns.

The contractor should provide an explanation to justify and support the request.

The Contract Manager will unlock the Workbook and enter the new Budget Line Item on the appropriate line of the Approved Budget.

The Contract Manager will also enter the budget transfer amounts in the appropriate budget line items of the Billing Invoice tab.

The Contract Manager will lock the workbook and send it back to the contractor to be used in the ensuing months of the fiscal year.



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Contractor :

HHSC Speed chart **716C and 716D**

HHSC Division Health, Developmental and Indep

Contract #

Contract Budget Period : 4/1/18 to 8/31/18

Invoice Preparer:

Invoice Approver:

invoices submitted **1**

[illegible]

[illegible]

FRINGE by EMPLOYEE

[illegible]

[illegible][illegible]

	0.00	0.00
Total	\$ -	\$ -

TRAVEL

Mileage	0.00	0.00
Airfare	0.00	0.00
Meals	0.00	0.00
Lodging	0.00	0.00
Miscellaneous Transportation	0.00	0.00
Total	\$ -	\$ -

SUPPLIES and CONTROLLED ASSETS

General Office Supplies	0.00	0.00
Computer Equipment	0.00	0.00
Misc Supplies	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
Total	\$ -	\$ -

CAPITAL EQUIPMENT (greater than \$

0	0.00	0.00
0	0.00	0.00
0	0.00	0.00
Total	\$ -	\$ -

OTHER

Purchase Development and Distribution of Written Material	0.00	0.00
Ourtreach Media/Advertising	0.00	0.00
Telecommuncations and Internet Expen	0.00	0.00
Telecommuncations and Internet Expenses	0.00	0.00
Community Awareness	0.00	0.00
Billing System Software	0.00	0.00
Billing Ssytem Data Mangement Fee	0.00	0.00
Billing System Programming	0.00	0.00
Trainings	0.00	0.00
Meetings and Seminars	0.00	0.00
Vehicle Lease	0.00	0.00
Trainings	0.00	0.00

[illegible]

[illegible]

[illegible]

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[illegible]

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Direct Client Admin	0.00	0.00
	0.00	
Total	\$ -	\$ -
TOTAL MONTHLY Expenses		

2.7.1 C Financial Information

Enter the expenses of direct client services (exclude adoptive parents only in cells (392 N-Q))

716C	Services (not adoptive parents)
716D	Adoptive Parents

Calculate the average costs for covered benefits using the formula

Number of clients seen/Direct client service expenses

Calculate the number of clients seen by using the formula below, e

Number of clients seen/Total expenditures

Track the marketing and educational material inventory each month by reflecting the beginning inventory amount in cell D (404-408), the amount used in cell E(404-408) and the ending inventory in cells F (404-408) for each month

Marketing/Educational Material Inventory	Month	Beginning inventory
2018	5	
2018	6	
2018	7	
2018	8	

FY18 Billing |

Dependence Services

[illegible]

[illegible]

[illegible]

[illegible]

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[illegible]

Invoice

[illegible]

	0.00	0.00	0.00	0.00
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FY19 Contra

Contractor :

HHSC Speed Chart

HHSC Division

Total HHSC Contractual Obligation :

Contract Budget Period :

Budget Preparer :

Certifying Approver :

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FRINGE by EMPLOYEE	HHSC Contract Budget
Program Director	
Controller	
Operations Coordinator	
Administrative Secretary	
Program Compliance Manager	
Program Compliance Manager	
Provider Screening Manager	
Statewide Quality Control Manager	
Program Services Manager	
Education Manager	
Education Coordinator	
Provider Screening Coordinator	
Overtime	
Unused Vacation & Personal/Sick	
0	

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FRINGE by TYPE of BENEFIT	HHSC Contract Budget
FICA	64,349.00
TUCA	538.00
Retirement	25,233.00
Group Insurance	307,680.00
Workers Comp Insurance	2,400.00
Unused Vacation & Personal/Sick	25,500.00

Total	\$ 425,700.00

TRAVEL	HHSC Contract Budget
Mileage	5,138.00
Airfare	16,450.00
Meals	7,200.00
Lodging	7,442.00
Miscellaneous Transportation	13,770.00
Total	\$ 50,000.00

SUPPLIES and CONTROLLED ASSETS	HHSC Contract Budget
General Office Supplies	16,800.00
Minor Furniture, Fixtures and Equipment	1,200.00

Total	\$ 18,000.00

CAPITAL EQUIPMENT (greater than \$5K)	HHSC Contract Budget
	-
	-
	-
Total	\$ -

OTHER	HHSC Contract Budget
Purchase/Development/Distribution of Written Materials	-
Outreach Media/Advertising	20,282.50
Outreach Media/Website Hosting & Improvements	6,000.00
Telecommunications & Internet Expenses	12,000.00
Community Awareness	8,000.00
Billing System Software	112,500.00
Billing System Data Management Fee	16,000.00
Billing System Programming	37,500.00

CONTRACTUAL - Subcontractors	HHSC Contract Budget
1st Choice Pregnancy Resource Center 602 Main Street Texarkana TX 75501 903-792-5735 Kristie	162,059.00
San Antonio TX 78240 210-224-2902 Susan Perez 210-224-2902 susanlperez@yahoo.com	92,938.00
Suite 104 San Antonio TX 78207 210-227-4940 Ramon Vasquez 210-227-4940	455,071.00
ramonivanvasquez@aitecm.org 77573 832-632-1221 Debbie Simmons 832-632-1221 debbie@anchorpoint.us	155,886.00
Georgetown TX 78626 512-864-7755 Christie Aaronson 512-864-7755	1,102,233.00
info@thematernityhome.org 78757 512-374-0055 Andy Schoonover 512-374-0055 andy@austinflifecare.com	142,774.00
TX 75243 214-631-2402 Ryan Harkins 214-631-2402 ryan@birthchoicedallas.org	230,523.00
Hill TX 75104 469-272-4441 Nicole Hernandez 469-272-4441	64,820.00
nicole.hernandez@bridgesafehouse.org Huntsville TX 77340 936-294-0404 Ashley Lankford 936-294-0404 abo9lankford@gmail.com	87,046.00
76701 254-772-8270 Deborah McGregor 254-772-8270 deborah@pregnancycare.org	540,566.00
1515 Zauk Avenue Dumas TX 79029 806-935-3549 Monica Sullivan 806-935-3549	135,892.00
munerford.lane@gmail.com Austin TX 78754 512-651-6100 Sara Ramirez 512-651-6100 sara-ramirez@ccctx.org	242,900.00
Dallas TX 75247 214-520-6590 Dave Woodyard 469-801-8110 dwoodyard@ccdallas.org	246,444.00
Houston 2900 Louisiana St. Houston TX 77006 713-874-6760 Natalie Wood 713-874-6731	498,146.00
virgen@sanjuan-santitas.org 4088 Sr. Norma Pimentel 956-702-4088	145,006.00
npimentel@cdeh.org 2102 Duella Vista San Antonio TX 78207 210-470-0707 Mariel Luna 210.476.0707	169,497.00
mluna@ccapcc.org TX 78666 512-396-3020 Cheri Martin 512-396-3020 cherimartin@txlifecare.org	59,904.00
Road, Suite 360 Dallas TX 75232 214-337-9979 Rose Jones 214-337-9979 rose@cfiservices.org	526,579.00

Suite G Lubbock TX 79423 806-745-7995 Debora Phillips 806-745-7995 cpg@childrensconnections.org	475,473.00
Dallas TX 75230 972-960-9981 Rob Pine 972-960-9981 rpine@christian-works.org	33,973.00
77012 713-923-2316 Maritza Guerrero 713-923-2316 mguerrero@communityfamilycenters.org	43,796.00
Corpus Christi TX 78404 361-852-2273 Melissa Juarez 361-852-2273 hopehousecc@mygrande.net	128,821.00
Rockwall Drive Longview TX 75004 903-931-3124 Regina Phillips 903-931-3124 rphillips@connectthecart.org	534,107.00
Suite 140 Dallas TX 75257 972-298-3366 Shannon Whitaker 972-298-3366 swhitaker@familycareconnection.org	795,801.00
Lubbock TX 79401 806-744-5035 Doug Morris 806-744-5035 doug@familypromiselubbock.org	40,768.00
TX 75165 972-938-7900 Donna Young 972-938-7900 donna.firstlook@gmail.com	94,532.00
Suite 112 Houston TX 77092 713-682-5433 Emily Ponte 713-682-5433 emily.ponte@lifeadv.net	54,357.00
Fort Worth TX 76132 817-922-6000 Mark Melson 817-922-6000 Mark.Melson@gladney.org	49,946.00
214-526-8721 Brooks Quinlan 214-526-8721 bquinlan@hopecottage.org	276,750.00
TX 75104 972-293-3370 Charlotte Earhart 972-293-3370 charlotte@hopemansion.com	101,919.00
Street Houston TX 77020 713-942-2100 Sylvia Johnson 713-899-1739 sylvia@houstonpregnancy.org	626,765.00
75201 214-969-2433 Carolyn Cline 214-969-2433 ccline@firstdallas.org	112,462.00
Antonio TX 78238 210-543-7200 Charity Farrar 210-543-7200 charity@lifechoices-sa.com	96,751.00
Street Jacksonville TX 75700 903-586-9016 Rhonda Edwards 903-586-9016 mrs.ed@suddenlink.net	54,499.00
Ste B Palestine TX 75801 903-723-9944 Cheryle McCann director@lapalestine.org	160,011.00
Denton TX 76201 940-380-8191 Randy Bollig 940-380-8191 randy@loretohouse.org	240,313.00
Calumet Avenue Dallas TX 75211 214-331-3517 Liz Heyne (214) 331-3517 Liz.heyne@gmail.com	50,040.00
Blvd. Arlington TX 76012 817-299-9599 Becky Hyde 817-299-9599 beckyhy@friendsofmwc.com	332,132.00
9th Street Temple TX 76704 254-742-2340 Marlene Poehlmann 254-742-2340 mpoehlmann@elams.org	53,822.00
Street Paris TX 75460 903-784-1555 Vickie Powell 903-784-1555 powellvr@suddenlinkmail.com	184,255.00
Boulevard Lufkin TX 75904 936-632-9200 Paula Havard 936-632-9200 paula@phclufkin.org	214,411.00
Rm 1400 Georgetown TX 78626 512-868-0153 Danyel Londenburg 512-868-0153 danyel@phcwc.com	18,487.00
Street Abilene TX 79603 325-672-6415 Holly Orson 325-672-6415 holly@prabilene.com	134,710.00
TX 78240 210-696-2410 Judith Bell 210-696-2410 Judith.bell@provplace.org	834,295.00
75401 903-454-9711 Threesa Sadler 903-454-9711 threesa@raffaclinic.org	92,651.00

Americas, 4522 Fredericksburg Road, Space A-47 San Antonio TX 78201 210-222-0988 Suzanne de Leon 210-222-0088 sdeleon@ccsaca.org	271,456.00
78210 210-533-3504 x229 Thelma Gutierrez 210.533.3504 x211 tgutierrez@setonhomesa.org	318,774.00
78132 830-629-0659 Tara Roussett 830-629-0659 troussett@sjrctexas.org	400,919.00
78210 210-534-8577 Deborah Stephenson 210- 534-8577 deborahs@stpaulsa.org	175,326.00
Antonio TX 78210 210-533-1203 Gladys Gonzalez 210-533-1203 ggonzalez@StPlsHome.onmicrosoft.com	54,357.00
Suite 110 Austin TX 78731 512-407-2900 Kimberly Speirs 512-407-2900 kimberly@jpiilifecenter.org	76,200.00
79701 432-683-6072 Judy Rouse 432.683.6072 judy@midlandlifecenter.org	242,544.00
Cisco TX 76437 254-442-3000 Desiree Paddack 254-442-3000 desiree@supportopendoor.org	112,325.00
Ste 150 Houston TX 77057 713-760-0050 Larry Brewster 281.836.1800 TPCN@theforceforwomen.org	205,832.00
Waller TX 77484 936-372-9007 Lottia Blount 936.372.9007 lottiablownt@wtloutreach.com	246,228.00
New Provider	199,125.00
New Provider	199,125.00
New Provider	199,125.00
New Provider	199,125.00
New Provider	199,125.00
New Provider	199,125.00
New Provider	199,125.00
New Provider	199,125.00
New Provider	199,125.00
New Provider	166,125.00
New Provider	149,250.00
New Provider	132,750.00
New Provider	116,250.00
New Provider	99,750.00
New Provider	82,875.00
New Provider	66,375.00
New Provider	49,875.00

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Total	###

Administrative	HHSC Contract Budget
Direct Client Admin	1,742,982.50
	-
Total	###

act Budget

716C and 716D

Health, Developmental and Independence Serv

9/1/18 to 8/31/19

Deanna Mast

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[illegible][illegible]

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Methodology for Contract Budget Narrative	Total Fringe for HHSC Program Benefits	% Fringe Allocated to HHSC Contract
FICA rate X total payroll	\$ 64,349.00	100%
TUCA rate X 13 staff	\$ 538.00	100%
IRA contribution X total payroll	\$ 25,233.00	100%
Estimated policy premium based on required staffing level	\$307,680.00	100%
Annual policy premium estimate based on required staffing level	\$ 2,400.00	100%
Unused vacation and personal/sick time accrued is paid out at 8/31	\$ 25,500.00	100%

Total Fringe for HHSC Program Benefits	% Fringe Allocated to HHSC Contract
\$ 64,349.00	100%
\$ 538.00	100%
\$ 25,233.00	100%
\$307,680.00	100%
\$ 2,400.00	100%
\$ 25,500.00	100%

	\$ -	0%
	\$ -	0%
	\$ -	0%
	\$ -	0%
	\$ -	0%
	\$ -	0%
		52%

Methodology for Contract Budget Narrative

Mileage paid to employees based on the current IRS mileage rate of .545. Approximately 9,428 miles are expected to be driven during the twelve month period. To provide informational meetings to potential providers; facility tours during approval process; training and site monitoring activities throughout the

Approximately 47 airline bookings are anticipated during the twelve month period, at an average round trip cost of \$350. To provide informational meetings to potential providers; facility tours during approval process; training and site monitoring activities throughout the service area

Approximately 180 days of travel are estimated, the cost of meals will average \$40 per day during the twelve month period. To provide informational meetings to potential providers; facility tours during approval process; training and site monitoring activities throughout the service area

Approximately 61 nights of lodging are estimated for the twelve month period at an average rate of \$122 per stay. To provide informational meetings to potential providers; facility tours during approval process; training and site monitoring activities throughout the service area

Ground transportation to include but not limited to: car rental, shuttle service, taxi, toll fees, parking fees. 159 days of ground transportation are estimated during the twelve month period, at an average expense of \$86.50 per day. To provide informational meetings to potential providers; facility tours during approval

Methodology for Contract Budget Narrative

\$1,400 x 12 months average cost general office supplies, printing and reproduction

Minor computer equipment, furniture, and office fixtures

Methodology for Contract Budget Narrative

Methodology for Contract Budget Narrative
by Providers to educate clients about pregnancy, childbirth and parenting. Materials include books, curricula, brochures, DVDs,
Advertise program services to Texas residents using online, television, radio, print, etc.
Average monthly expense of \$500 x 12 months
Average monthly expense of \$1,000 x 12 months
professionals likely to encounter potential clients and adoptive parents about the Program; mailouts to professionals likely to encounter potential clients and adoptive parents; supporting
Monthly contract \$9,375 x 12 months
Monthly contract \$1,333.33 x 12 months
Monthly contract \$3,125 x 12 months

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Allocations

[illegible]

[illegible]

Total Fringe as a percent of salary

[illegible]

[illegible]

[illegible]

x

x

x

x

x

Budget for Alternatives to Abortion	
SUMMARY	Contractor :
	Contract #
	Contract Period : 9/1/18 to 8/31/19
	HHSC Speed Chart 716C and 716D
	HHSC Division Health, Developmental and Independence Services
	Original Approved
Cost Categories	(A.)
	Direct Client Services
(1A) Personnel - Salaries	\$815,600.00
(1B) Personnel - Fringe Benefits - by Employee	\$0.00
(1C) Personnel - Fringe Benefits - by Type	\$425,700.00
(2) Travel	\$50,000.00
(3) Supplies and Controlled Assets	\$18,000.00
(4) Capital Equipment (greater than \$5K)	\$0.00
(5) Other Costs	\$433,682.50
(6) Contractual	\$15,686,842.50
Direct Client Admin	\$1,742,982.50
TOTAL	\$17,429,825.00

Certified By :	
Name :	
Title:	
Date :	

	0.00	0.00
Total	\$ -	\$ -

TRAVEL

Mileage	0.00	0.00
Airfare	0.00	0.00
Meals	0.00	0.00
Lodging	0.00	0.00
Miscellaneous Transportation	0.00	0.00
Total	\$ -	\$ -

SUPPLIES and CONTROLLED ASSETS

General Office Supplies	0.00	0.00
Computer Equipment	0.00	0.00
Misc Supplies	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
Total	\$ -	\$ -

CAPITAL EQUIPMENT (greater than \$

0	0.00	0.00
0	0.00	0.00
0	0.00	0.00
Total	\$ -	\$ -

OTHER

Purchase Development and Distribution of Written Material	0.00	0.00
Ourtreach Media/Advertising	0.00	0.00
Telecommuncations and Internet Expen	0.00	0.00
Telecommuncations and Internet Expenses	0.00	0.00
Community Awareness	0.00	0.00
Billing System Software	0.00	0.00
Billing Ssystem Data Mangement Fee	0.00	0.00
Billing System Programming	0.00	0.00
Trainings	0.00	0.00
Meetings and Seminars	0.00	0.00
Vehicle Lease	0.00	0.00
Trainings	0.00	0.00

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Direct Client Admin	0.00	
	0.00	
Total	\$ -	\$ -
TOTAL MONTHLY Expenses		

2.7.1 C Financial Information

Enter the expenses of direct client services (exclude adoptive parents only in cells (392 M-X))

716C	Services (not adoptive parents)
716D	Adoptive Parents

Calculate the average costs for covered benefits using the formula

Number of clients seen/Direct client service expenses

Calculate the number of clients seen by using the formula below, e

Number of clients seen/Total expenditures

Track the marketing and educational material inventory each month by reflecting the beginning inventory amount in cell D (404-415), the amount used in cell E(404-415) and the ending inventory in cells F (404-415) for each month

Marketing/Educational Material Inventory	Month	Beginning inventory
2018	9	
2018	10	
2018	11	
2018	12	
2019	1	
2019	2	
2019	3	
2019	4	
2019	5	

2019	6	
2019	7	
2019	8	

FY19 Billing |

Dependence Services

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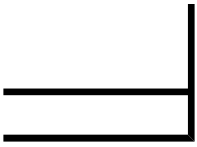
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